STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012309	A. BUILDING: _____ B. WING _____	R-C 07/30/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWNPOINTE OF CARMEL	11610 TECHNOLOGY DR CARMEL, IN 46032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00148969 completed on July 3, 2014. Complaint IN00148969 Corrected. Survey Date: July 30, 2014 Facility number: 012309 Provider number: NA AIM number: NA Survey Team: Mary Jane G. Fischer RN Census bed type: Residential: 26 Total: 26 Census payor type: Other: 26 Total: 26 Sample: 3 Crownpointe of Carmel was found was found to be in compliance with 410 IAC 16.2.5 in regard to the PSR to the investigation of Complaint Number IN00148969. Quality Review was completed by Tammy Alley RN on August 1, 2014.	{R 000}		